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## POWER OF ATTORNEY OR AUTHORIZATION OF AGENT

Application Number	
Filing Date	
First Named Inventor	Ramson
Title	COLLAPSSIBLE ENCLOSURE WITH 3-DIMENSIONAL TRIM ELEMENTS
Art Unit	
Examiner Name	
Attorney Docket Number	WEC-122-B

I hereby appoint:

Practitioners at Customer Number

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Practitioner(s) named below:

Name	Registration Number
Marshall G. MacFarlane	30,403
Christopher A. Mitchell	40,729
Todd L. Moore	36,874
Duncan F. Beaman	18,235

as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.

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Firm or  
Individual Name

Marshall G. MacFarlane

Address

YOUNG &amp; BASILE, P.C.

Address

3001 West Big Beaver Road, Suite 624

City

Troy

State

MI

Zip

48084-3107

Country

USA

Telephone

734/662-0270

Fax

734/662-1014

I am the:

Applicant/Inventor.

Assignee of record of the entire interest. See 37 CFR 3.71.

Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).

### SIGNATURE of Applicant or Assignee of Record

Name

Ryan J. Kibriga

Signature

Date

3/15/2004

Telephone

910-686-4035

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required. see below\*.

\*Total of 3 forms are submitted.

This collection of information is required by 37 CFR 1.31 and 1.33. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 3 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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Country	USA		
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### SIGNATURE of Applicant or Assignee of Record

Name	Robert M. Ransom	
Signature		
Date	3-15-04	Telephone

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Art Unit	
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Attorney Docket Number	WEC-122-B

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### SIGNATURE of Applicant or Assignee of Record

Name

Scott D. Wehner

Signature

Date

3-17-07

Telephone

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**DECLARATION FOR UTILITY OR  
DESIGN  
PATENT APPLICATION  
(37 CFR 1.63)**

Declaration Submitted With Initial Filing

OR

Declaration Submitted after Initial Filing (surcharge (37 CFR 1.16 (e)) required)

Attorney Docket Number	WEC-122-B
First Named Inventor	Ransom
COMPLETE IF KNOWN	
Application Number	
Filing Date	
Art Unit	
Examiner Name	

I hereby declare that:

Each inventor's residence, mailing address, and citizenship are as stated below next to their name.

I believe the inventor(s) named below to be the original and first inventor(s) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

**COLLAPSIBLE ENCLOSURE WITH 3-DIMENSIONAL TRIM ELEMENTS**

(Title of the Invention)

the specification of which

is attached hereto

OR

was filed on (MM/DD/YYYY)  as United States Application Number or PCT International

Application Number  and was amended on (MM/DD/YYYY)  (if applicable).

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56, including for continuation-in-part applications, material information which became available between the filing date of the prior application and the national or PCT international filing date of the continuation-in-part application.

I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or (f), or 365(b) of any foreign application(s) for patent, inventor's or plant breeder's rights certificate(s), or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent, inventor's or plant breeder's rights certificate(s), or any PCT international application having a filing date before that of the application on which priority is claimed.

Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Certified Copy Attached? Yes	Certified Copy Attached? No
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.

[Page 1 of 2]

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**DECLARATION — Utility or Design Patent Application**

Direct all correspondence to:  Customer Number:   OR  Correspondence address below

Name Marshall G. MacFarlane

Address 3001 West Big Beaver Road, Suite 624

City Troy State MI ZIP 48084-3107

Country USA Telephone 734/662-0270 Fax 734/662-1014

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

**NAME OF SOLE OR FIRST INVENTOR:**  A petition has been filed for this unsigned inventor

Given Name (first and middle [if any])	ROBERT M.	Family Name or Surname	RANSOM
---	-----------	---------------------------	--------

Inventor's Signature	Date
-------------------------	------

Residence: City Flushing	State MI	Country USA	Citizenship USA
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Mailing Address 8102 Coldwater Road

City Flushing	State MI	ZIP 48433	Country USA
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**NAME OF SECOND INVENTOR:**  A petition has been filed for this unsigned inventor

Given Name (first and middle [if any])	SCOTT D.	Family Name or Surname	WEHNER
---	----------	---------------------------	--------

Inventor's Signature	Date 3-17-04
-------------------------	-----------------

Residence: City Mt. Morris	State MI	Country USA	Citizenship USA
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Mailing Address 4407 W. Stanley Road

City Mt. Morris	State MI	ZIP 48458	Country USA
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Additional inventors or a legal representative are being named on the 1 supplemental sheet(s) PTO/SB/02A or 02LR attached hereto.

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**DECLARATION****ADDITIONAL INVENTOR(S)  
Supplemental Sheet**

Page 3 of 3

<b>Name of Additional Joint Inventor, if any:</b>		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle (if any)		Family Name or Surname	
RYAN L. 		KURTCA	
Inventor's Signature			
Residence: City	Flushing	State	MI
Country	USA	Citizenship	USA
Mailing Address	8470 Apple Blossom		
Mailing Address			
City	Flushing	State	MI
Zip	48433	Country	USA
<b>Name of Additional Joint Inventor, if any:</b>		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle (if any)		Family Name or Surname	
Inventor's Signature			
Residence: City	State	Country	Citizenship
Mailing Address			
Mailing Address			
City	State	Zip	Country
<b>Name of Additional Joint Inventor, if any:</b>		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle (if any)		Family Name or Surname	
Inventor's Signature	Date		
Residence: City	State	Country	Citizenship
Mailing Address			
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